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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/595,715	
	Filing Date	5 May 2006	
	First Named Inventor	HESSION, Christopher J., et al	
	Art Unit	2131	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	7	Attorney Docket Number	CPG 03-41 MB US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Oath or Declaration Form (signed)
Remarks <input style="width: 100px;" type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MEADWESTVACO CORPORATION		
Signature	/Alexandra B Urban/		
Printed name	ALEXANDRA B. URBAN, ESQ.		
Date	5 April 2007	Reg. No.	45,171

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: VIA EFS-WEB			
Signature	/Ivette Reyes/		
Typed or printed name	IVETTE REYES	Date	5 April 2007

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US Serial No:	10/595,715	:	CORRESPONDENCE ADDRESS
		:	SAME AS CUSTOMER NUMBER: 38235
Filed:	5 May 2006	:	Confirmation No. 5168
TITLE:	Lockable Container with Integral Internal Tray	:	Group Art Unit:
INVENTOR(S):	HESSION, Christopher J., et al.	:	TOTAL AMOUNT OF PAYMENT: (\$) 130.00

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FEE TRANSMITTAL SHEET FOR FY 2007*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Deposit Account # 50-2616
<input type="checkbox"/> Credit Card	<input checked="" type="checkbox"/> Charge fee(s) indicated below
<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Charge any add'l fee(s) or underpayments of fee(s) (37 CFR 1.16 & 1.17)
<input type="checkbox"/> None	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**(1.) BASIC FILING, SEARCH, AND EXAMINATION FEES:**

APPLICATION TYPE	FILING FEES	SEARCH FEES	EXAMINATION FEES	FEES PAID (\$)
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

(2.) EXCESS CLAIM FEES:

Type of Claim	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
Total Claims		=	x \$50	
Indep. Claims		=	x \$200	
Mult. Dep. Claims		=	= \$360	

(3.) APPLICATION SIZE FEE (35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s):

Total Sheets	Extra Sheets	No. of ea. add'l 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100	= /50	= (round up to whole #)	x \$250 =	

(4.) OTHER FEE(S):

Type of Other Fee	Fee (\$)	Fee Paid (\$)
Non-English Specification		
Other: Surcharge Late Oath	130.00	130.00

SUBMITTED BY:

SIGNATURE: /Alexandra B Urban/

TYPED OR PRINTED NAME: ALEXANDRA B. URBAN

DATE: 5 April 2007

ATTORNEY REGISTRATION NO.: 45,171

TELEPHONE: 212-318-5675

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